

GRIEVANCE FACT SHEET

This form is to be used by the steward to aid in investigating a grievance. The FACT SHEET outlines the information that will be necessary to develop a strong case. Use additional pages to document all the details. DO NOT TURN THIS FORM IN TO MANAGEMENT. THIS INFORMATION IS FOR THE UNION'S USE ONLY.

EMPLOYER _____ SOCIAL SECURITY # _____
GRIEVANT _____ DEPARTMENT _____
CLASSIFICATION _____ DATE OF HIRE _____
DATE OF CLASSIFICATION _____ WORK LOCATION _____

What happened? Also, describe incident which gave rise to the grievance.

Who was involved? Give names and titles _____

When did it occur? Give day, time, date(s) _____

Were there any witnesses? Give names and titles - Get a signed statement

Where did it occur? Specific locations _____

Why is this a grievance? What is management violating: contract, rules and regulations, unfair treatment, existing policy, past practice, local, state, federal laws, etc.

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What adjustment is required? What must management do to correct the problem?

Additional comments. Use reverse side if needed _____

GRIEVANT'S SIGNATURE _____ DATE _____

STEWARD _____ DATE _____

GRIEVANT'S HOME ADDRESS _____

NOTE: A COPY OF THIS FORM TO BE COMPLETED BY STEWARD OR OFFICER FILING GRIEVANCE AND TO BE TURNED IN TO LOCAL GRIEVANCE FILE ALONG WITH COPY OF GRIEVANCE AND DISPOSITION.